



East Coast Conditioning

Sports Performance Training

SPORTSPLEX

Athlete's Info:

Last Name: _____ First Name: _____

Date of Birth: _____

Parent's Info:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ - _____ - _____ Cell Phone: _____ - _____ - _____

Email: _____

Payment: (Check one)

Credit Card: Master Card Visa American Express Discover

Card Number: _____

Card Expiration date: _____ / _____ 3 digit Code: _____

Cash

Check

By my signature below, I certify that my child is physically able to use East Coast Conditioning SportsPlex facilities and do hereby agree that the facility is not responsible or liable to me or my child for any injury, accident or loss of personal property. I understand that I cannot transfer the training sessions to any other person's nor is any portion of the training refundable upon the signing of this agreement. I do hereby release this facility and its employees from any claim or cause of action which may have occurred as a result of any medical problem known, or unknown which I have knowledge of presently or in the future. I verify no promises or guarantees, other than those written in this agreement, were made to me by this facility or its employees. I agree to follow East Coast Conditioning SportsPlex instructional guidelines and to cooperatively utilize the facilities with other athletes and staff. I also understand that pictures and images from the training classes, may be used in future marketing / promotional material. I CERTIFY THAT I HAVE READ THIS AGREEMENT AND AGREE TO THE TERMS HEREIN.

Athlete's Signature (*over the age of 18*) _____

Parent's Signature _____ Date _____